			A	dada as as	ARTMENT OF COMMERCE R valid OMB control numb
	FEE TRANSMITTAL		Complete If Known Application Number 10/805,503		
	· • }	Filing Date		3/2003	
		First Named In Exeminer Nam		n-Chih Hua	
Applicant claims small entity status. See 37 CFR	1.27	Art Unit		nita D. Stept	iens
TOTAL AMOUNT OF PAYMENT (\$) 1100.00		Altomey Dock	285		
METHOD OF DAVIDOR (A)		Autority Cock	AND.   ACA	APO120USA	
METHOD OF PAYMENT (check all that apply)					
Check Credit Card Money Order	None	: Other	picase idendity):		
Deposit Account Deposit Account Number 50-		Denneit 4	Marian Name. N	orth America In	reflectual Property Corp.
For the above-identified deposit account, the Di	rector is here	by authorized b	o: (check all the	t apply)	
Charge fee(s) Indicated below					opt for the filing fee
Charge any additional fee(s) or underpay under 37 CFR 1.18 and 1.17	ments of fee	/-> T	It any overpayn		Prior dio tatify 168
WARNING: Information on this form may become cubite Co	redit card info	remation should r	ot be lectuded o	in this form. Pro-	of do smalls acce
Information and authorization on PTO-2038. FEE CALCULATION					
1. BASIC FILING, SEARCH, AND EXAMINATIO	WI FREA				
FILING FEES		CH FEES	EXAMINAT	ION ECC	
Application Type Fee (\$) Fee (\$)	Fee (\$)	Small Entity	Sin	nall Entity	
Utility 300 150	500	Fee (3) 250	Fee (\$)	Fee (3)	Fees Paid (8)
Design 200 100	100	50	130	100 65	
Plant 200 100	300	150	160	80	
Reissue 300 150	500	250	600	300	
Provisional 200 100	0	0	0	0	
2. EXCESS CLAIM FEES Fee Description				•	Small Entity
Each claim over 20 or, for Reissues, each claim or	ver 20 and	more than in t	he original re	tent	Fee (3) Fee (5)
Each independent claim over 3 or, for Reissues, en Multiple dependent claims	ach indeper	ndeut claim m	ore than in the	original pare	50 25 ant 200 100
Total Claims Extra Claims Foo (5)	Egg Pi	old (\$)	Michiga Day		360 180
22 -20 or HP= 2 x 50	- 10		Fee (1)	endent Claims Fee Pal	
HP = highest number of soul claims paid for, if greater than 20 indep, Claims Peo (\$)		ild (\$)			<u> </u>
8 - 3 or HP = 5 x 200  HP = highest number of independent claims paid for, if greater	= 100				•
3. APPLICATION SIZE FEE	'than 3				
If the specification and drawings exceed 100 she	eets of pape	r, the applicat	ion size fee d	ue is \$250 (\$1	125 for small entire
The state of the s	CUI. SEE 33	) U.S.C. 4](a)	(IKG) and 37	CFR 1 16(e)	· · · ·
Total Sheets Every Chapter Name	DOF OT BEEN	edditional 50 c	er fraction than whole number)	eof Fee (\$)	Fee Paid (\$)
TOTAL SUBSIDE FEATS SUBSES					
- 100 = /50 = 4. OTHER FEE(S)					Form Boid (C)
- 100 = / 50 = 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small)			•		Fees Poid (\$)
- 100 =					Fees Poid (\$)
- 100 =					Fees Poid (\$)
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small	all cotity di		41,526	Telephona	Fees Poid (3) 302-729-1562